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Bib Data Sheet

CONFIRMATION NO. 4845

<b>SERIAL NUMBER</b> 10/797,688	<b>FILING OR 371(c) DATE</b> 03/09/2004 <b>RULE</b>	<b>CLASS</b> 382	<b>GROUP ART UNIT</b> 2624	<b>ATTORNEY DOCKET NO.</b> 04107/LH
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**\*\* CONTINUING DATA \*\*\*\*\*****\*\* FOREIGN APPLICATIONS \*\*\*\*\***

JAPAN 2003-091535 03/28/2003  
 JAPAN 2003-092407 03/28/2003

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
 05/26/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 18	<b>TOTAL CLAIMS</b> 13	<b>INDEPENDENT CLAIMS</b> 3
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**  
 1933

**TITLE**

Medical image photographic system

<b>FILING FEE RECEIVED</b> 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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